

Comment in response to CrossTalk debate:

Skeletal muscle oxidative capacity is/is not altered in patients with cystic fibrosis

Multimodal exercise evaluation is needed to truly determine the functional consequences of altered skeletal muscle oxidative capacity in cystic fibrosis

Mathieu Gruet^{1*} & Zoe Saynor²

¹ Université de Toulon, LAMHESS, France

² Department of Sport and Exercise Science, Faculty of Science, University of Portsmouth, Portsmouth, UK.

*Correspondence to: Gruet Mathieu,

LAMHESS EA 6312,

Université de Toulon, BP 20132, 83957 La Garde, France,

Email: gruet@univ-tln.fr

Tel: +33494142757

As the evidence supporting metabolic deficiencies within skeletal muscle in cystic fibrosis (CF) grows, further consideration should be given to evaluating the potential clinical implications of these abnormalities. Specifically, it is important to determine how alterations at the cellular level may impact peripheral muscle function (e.g. strength, endurance and fatigability, e.g. Gruet *et al.* 2017). Studies exploring oxidative metabolism during upright cycling and cycling during ³¹P-magnetic resonance spectroscopy have provided crucial insight how central and peripheral factors may modulate oxidative metabolism in CF (Saynor *et al.* 2016; Werkman *et al.* 2016). However, such exercise testing does not permit us to fully infer the functional consequences of myocyte metabolic abnormalities to the locomotor muscles, since whole-body assessments of oxidative capacity may also reflect factors not specifically related to muscle (e.g. cardiac and/or pulmonary). Tasks that specifically localise a muscle group (e.g. quadriceps) with minimal cardiorespiratory constraint are thus also needed. Testing should ideally assess local muscle endurance and fatigability, by performing dynamic or isometric contractions at a relative intensity (percentage of maximal voluntary force), to control for differences in strength and/or muscle volume (often reduced in CF) (e.g. Gruet *et al.* 2016). However, as local exercise may not reflect day-to-day activities, we suggest a combined approach, assessing the relationship with whole-body exercise, is important. Using these complementary approaches will enable us to rule out or confirm the skeletal muscle metabolic abnormalities characterising CF and, importantly, their functional consequences. Multimodal assessments of aerobic fitness and skeletal muscle function, using reproducible tests (e.g. Bachasson *et al.* 2013; Saynor *et al.* 2013), represent an important next step in our understanding of how altered oxidative metabolism affects physical function in CF.

Competing interest

None declared

References

- Bachasson D, Millet GY, Decorte N, Wuyam B, Levy P & Verges S (2013). Quadriceps function assessment using an incremental test and magnetic neurostimulation: a reliability study. *J Electromyogr Kinesiol* **23**, 649-658.
- Gruet M, Decorte N, Mely L, Vallier JM, Camara B, Quetant S, Wuyam B & Verges S (2016). Skeletal muscle contractility and fatigability in adults with cystic fibrosis. *J Cyst Fibros* **15**, e1-8.

- Gruet M, Troosters T & Verges S (2017). Peripheral muscle abnormalities in cystic fibrosis: Etiology, clinical implications and response to therapeutic interventions. *J Cyst Fibros*; DOI: S1569-1993(17)30032-2 [pii] 101016/jjcf201702007.
- Saynor ZL, Barker AR, Oades PJ & Williams CA (2013). Reproducibility of maximal cardiopulmonary exercise testing for young cystic fibrosis patients. *J Cyst Fibros* **12**, 644-650.
- Saynor ZL, Barker AR, Oades PJ & Williams CA (2016). Impaired Pulmonary V O₂ Kinetics in Cystic Fibrosis Depend on Exercise Intensity. *Med Sci Sports Exerc* **48**, 2090-2099.
- Werkman M, Jeneson J, Helders P, Arets B, van der Ent K, Velthuis B, Nieuvelstein R, Takken T & Hulzebos E (2016). Exercise oxidative skeletal muscle metabolism in adolescents with cystic fibrosis. *Exp Physiol* **101**, 421-431.